

The logo for the State of Idaho, featuring the word "IDAHO" in a large, bold, black serif font. The letter "A" is stylized with a diagonal slash.

State of Idaho

Telehealth Council

# IDAHO TELEHEALTH SURVEY

2015 Climate Study

JANUARY 14, 2016

Version 1.1



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# EXECUTIVE SUMMARY

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Access to health care services is particularly difficult in underserved and rural communities. Thirty five of Idaho's 44 counties are classified as rural or frontier, meaning many Idaho residents experience difficulty accessing health care services in their communities in a timely manner.

Telehealth is defined as a mode of delivering health care services that uses information and communication technologies to enable the diagnosis, consultation, treatment, education, care management and self-management of patients at a distance from health providers. Telehealth is frequently cited as a potential solution to address the limited health care services available to residents in rural areas. Telehealth enables patients to receive critical health care services from qualified providers, without having to travel long distances from their home communities.

The Idaho Telehealth Council (ITC) conducted a survey to better understand the prevalence of existing telehealth programs, measure the needs and interests of healthcare providers, and identify barriers related to the utilization of telehealth. Surveys were distributed to an estimated 2,273 health care professionals, with a response rate of 3.1%. Twenty-four percent of respondents indicated that their organizations use telehealth. Key factors analyzed were interest and prevalence of telehealth programs, practice patterns of the telehealth services provided, and challenges or barriers to telehealth in Idaho.

The findings of this survey confirmed many of the Council's observations. Specifically, telehealth is a promising tool to improve access to healthcare in Idaho. Potential steps to advance telehealth in Idaho include:

- Expand reimbursement for telehealth services;
- Clarify telehealth licensing and credentialing;
- Develop a coordinated system for telehealth providers;
- Increase telehealth research and education

The findings also suggest that telehealth is rapidly evolving and requires adaptability. The delivery of health care services via telehealth will not be widely adopted until health systems are reformed to address barriers. Specifically, appropriate reimbursement for telehealth services, clarification of telehealth licensing and credentialing, and standardization of telehealth training and support.

# SURVEY FINDINGS

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## Methodology

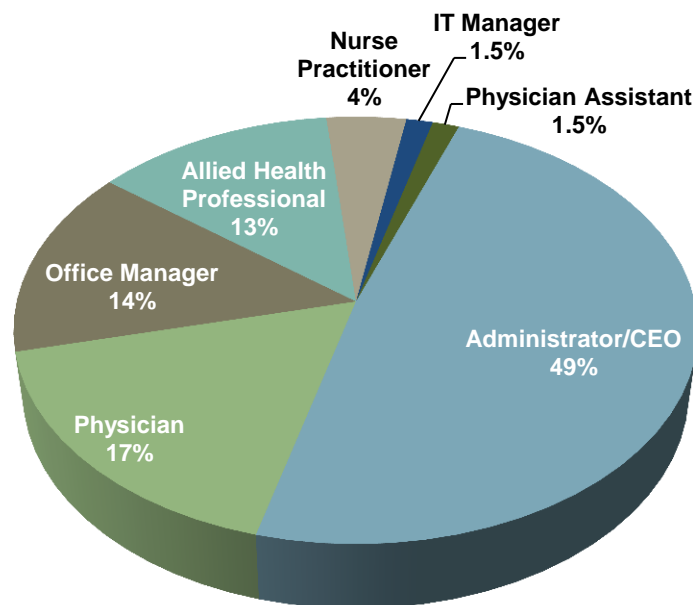
The ITC survey was created with an online tool and links were then provided to Council members for distribution. The survey was designed to be completed in less than fifteen minutes and respondents were informed that the survey was voluntary. Council members were asked to send the survey link to Idaho providers, office managers, and hospital administrators/CEOs, and report the number of survey recipients. The survey was distributed to an estimated 2,273 individuals, with a response rate of 3.1%. A large percentage of the questions asked respondents to answer on behalf of their organization, while the remaining questions asked for the respondent's personal opinion. To reflect this, the survey is divided into individual and organization responses.

## Demographics

### Individual

The majority of survey respondents (49%, n = 34) were hospital administrators/CEOs, followed by physicians (17%, n = 12), office managers (14%, n = 10), and allied health professionals (13%, n = 9). The remaining respondents included nurse practitioners (4%, n = 3), an IT manager (1.5%, n = 1), and a physician assistant (1.5%, n = 1) (*Figure 1*).

**Figure 1: Title/Role**



## Organization

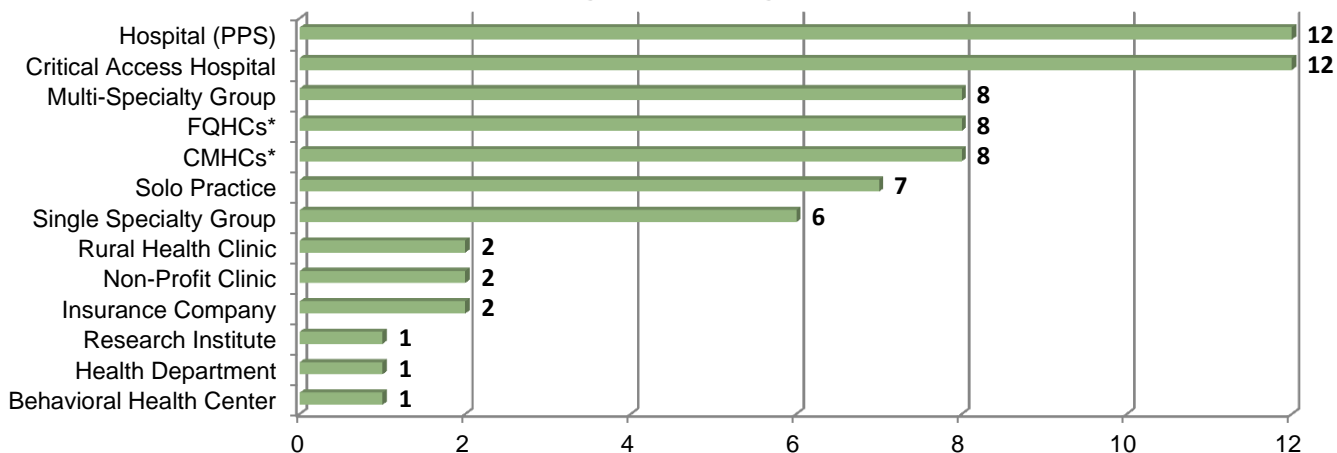
Organizations represented in the survey were located throughout Idaho (*Figure 2*) and included hospitals (18%, n = 12), critical access hospitals, (18%, n = 12), multi-specialty groups (11%, n = 8), federally qualified health centers (11%, n = 8), community mental health centers (11%, n = 8), solo practices (10%, n = 7), and single specialty groups (9%, n = 6) (*Figure 3*).

**Figure 2: Counties Represented in Survey**



\*FQHC – Federally Qualified Health Center, CMHCs – Community Mental Health Center

**Figure 3: Organizations**

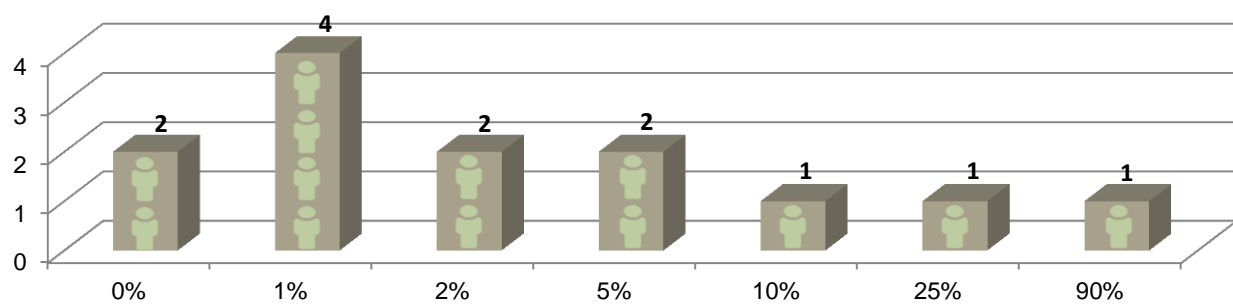


## Current Telehealth Services

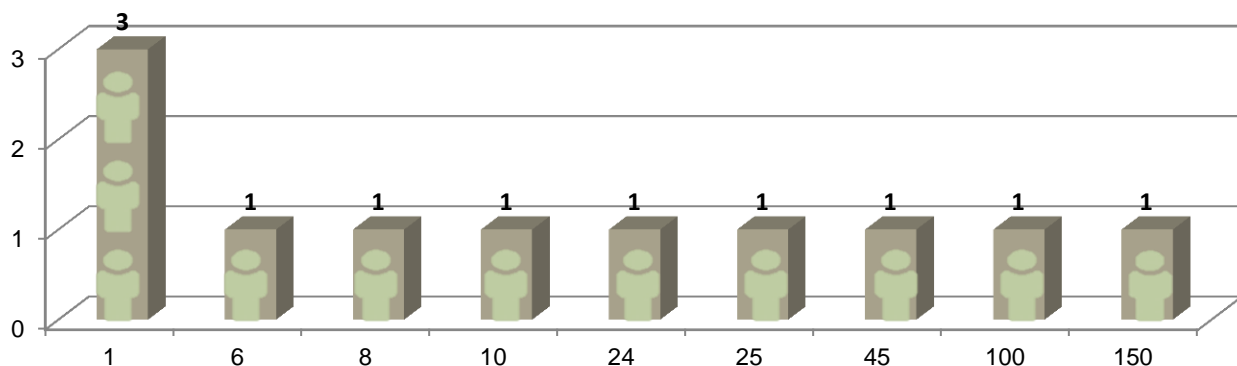
### Individual

Twenty-four percent of providers surveyed deliver care via telehealth, while 76% do not. Among users of telehealth services, over half reported using telehealth services for less than 5% of their overall care delivered (*Figure 4*). Telehealth users varied significantly in the number of patients served each month via telehealth, ranging from one patient to 150 patients (*Figure 5*). Primary services provided via telehealth included consultations, diagnostic assessment, clinical supervision (Tele-ICU), pharmacologic management, individual psychotherapy, and office visits (*Figure 6*). According to the Idaho Telehealth Council's Reimbursement Matrix, several of these services are not currently eligible for reimbursement, and those that are, often have stipulations that make obtaining reimbursement challenging.

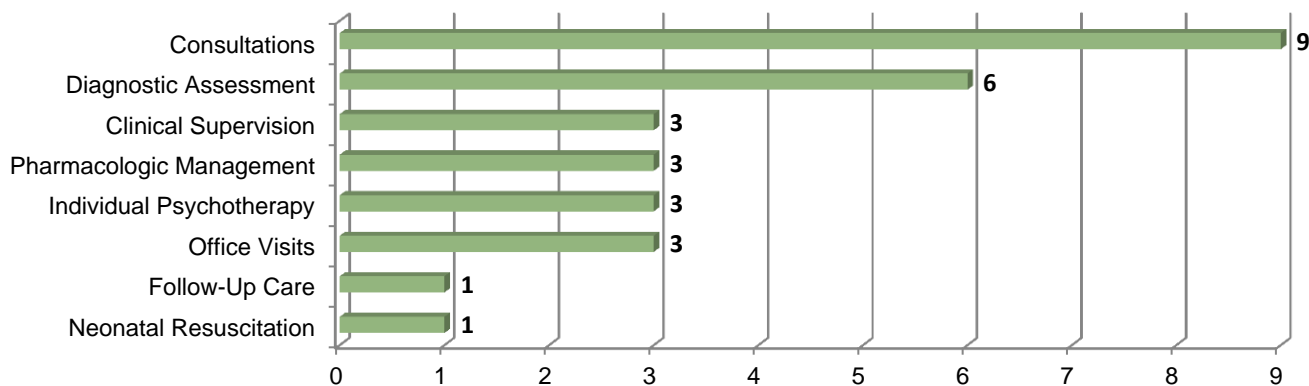
**Figure 4: Percent of Overall Services Delivered Via Telehealth**



**Figure 5: Patients Served Via Telehealth Each Month**



**Figure 6: Services Provided Via Telehealth**



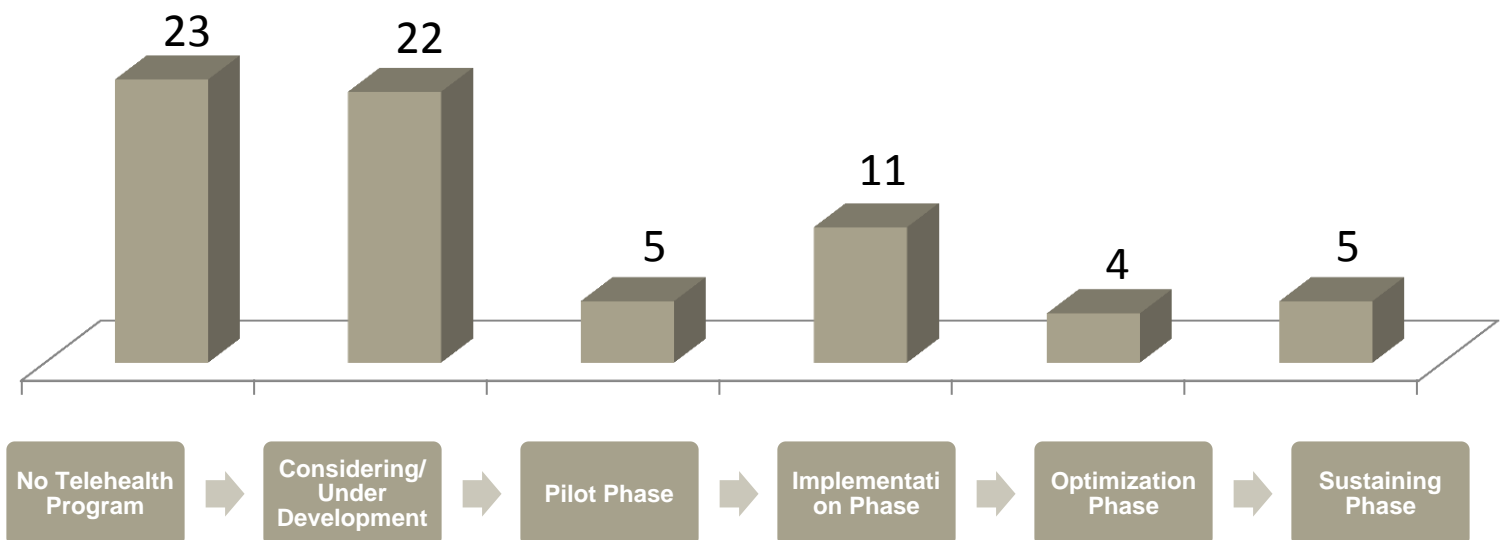


## Organization

Thirty-nine percent of respondents reported that their organizations currently provide telehealth services. Table 1 provides a detailed description of these organizations. Additionally, 23 respondents reported that their organization does not have a telehealth program, 22 indicated their organization is considering or currently developing a telehealth program, five reported their program to be in the pilot phase, and 11 are in the implementation phase. The remaining respondents reported their organization's telehealth program to be in the optimization (n = 4) or sustaining (n = 5) phases (*Figure 7*).

	Provide		Do Not Provide	
	N	%	N	%
Behavioral Health Center	0	0	1	100
Community Mental Health Center	3	37.5	5	62.5
Critical Access Hospital	8	66.7	4	33.3
Federally Qualified Health Center	0	0	8	100
Health Department	0	0	1	100
Hospital (PPS)	12	100	0	0
Insurance Company	1	50	1	50
Multi-Specialty Group	0	0	8	100
Non-Profit Clinic	0	0	2	100
Research Institute	0	0	1	100
Rural Health Clinic	1	50	1	50
Single Specialty Group	0	0	6	100
Solo Practice	2	28.6	5	71.4

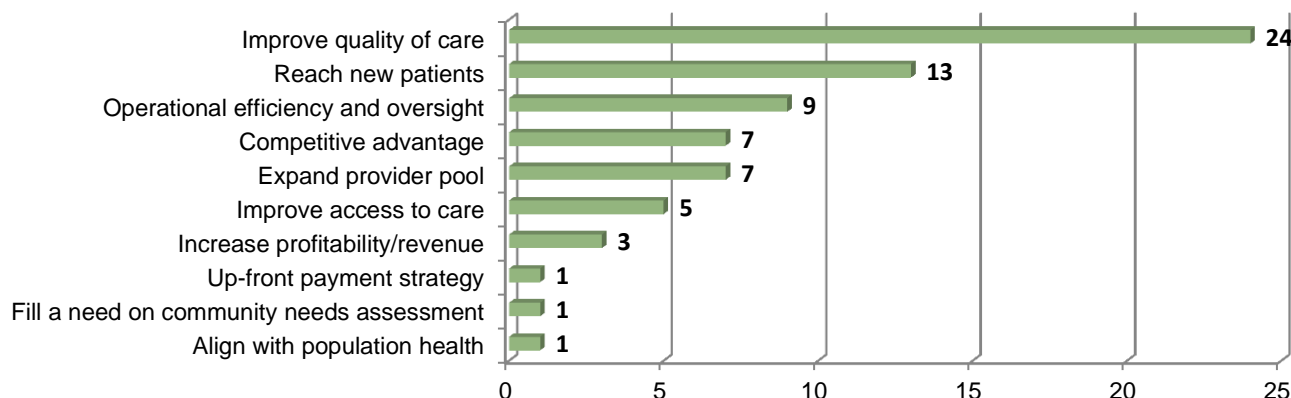
**Figure 7: Current Status of Telehealth Programs**



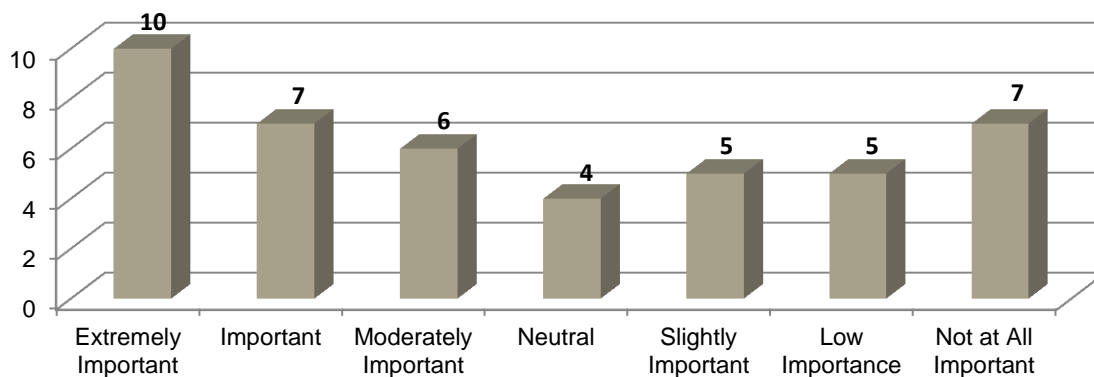
## Existing Telehealth Programs

The primary motivations for implementing a telehealth program included improving the quality of care, increasing access to new patients, and improving operational efficiency and oversight (*Figure 8*). Responses varied widely in regard to the level of importance that organizations place on developing telehealth services (*Figure 9*).

**Figure 8: Primary Motivation for Implementing Telehealth**

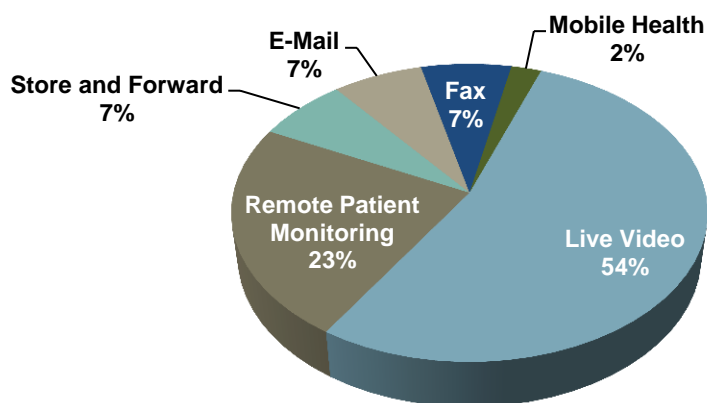


**Figure 9: Importance of Developing Telehealth Services**



The majority (54%) of telehealth respondents reported using live video, a two-way interaction using audiovisual telecommunications technology, to deliver telehealth services (*Figure 10*).

**Figure 10: Technologies Used to Deliver Telehealth Services**

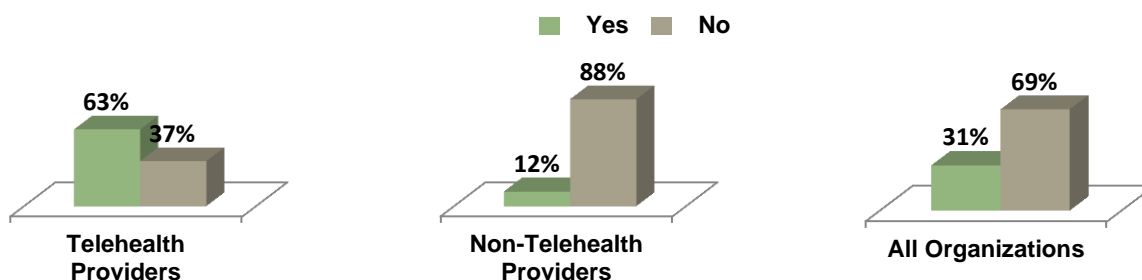


## Organizational Policies and Processes

### Telehealth Standards

A greater percentage of organizations surveyed (69% versus 31%) do not have telehealth standards or policies; however, these percentages changed drastically when organizations who currently provide telehealth services were compared to those who do not. Of the 27 organizations that currently provide telehealth services, 63% have written telehealth standards or policies (*Figure 11*). In comparison, only 12% of organizations that do not offer telehealth services have written standards or policies.

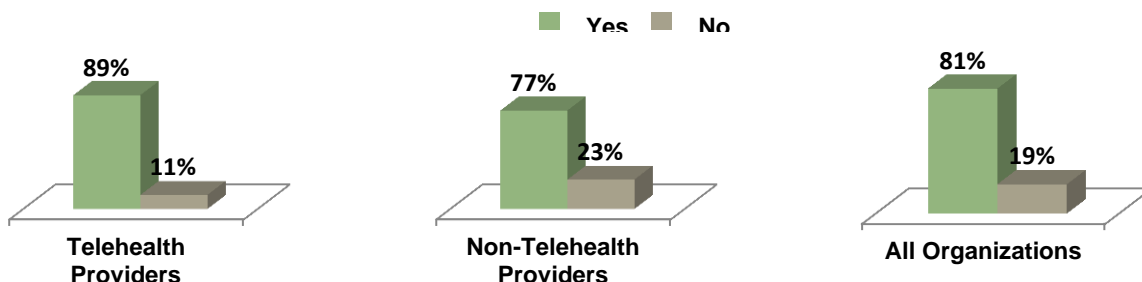
**Figure 11: Written Telehealth Standards or Policies**



### Informed Patient Consent

Percentages of organizations with informed patient consent policies or processes were fairly consistent. Eighty-nine percent of telehealth providers reported having informed patient consent policies, as well as 77% of organizations who do not provide telehealth services (*Figure 12*).

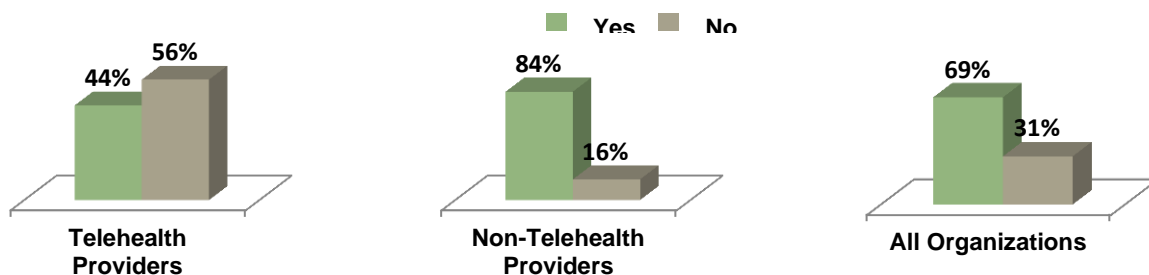
**Figure 12: Informed Patient Consent Policies or Processes**



### Benefit Eligibility Verification

A greater percentage of organizations that do not provide telehealth services (84%) reported having benefit verification policies or processes than those who do provide telehealth (44%) (*Figure 13*).

**Figure 13: Benefit Eligibility Verification Policies or Processes**



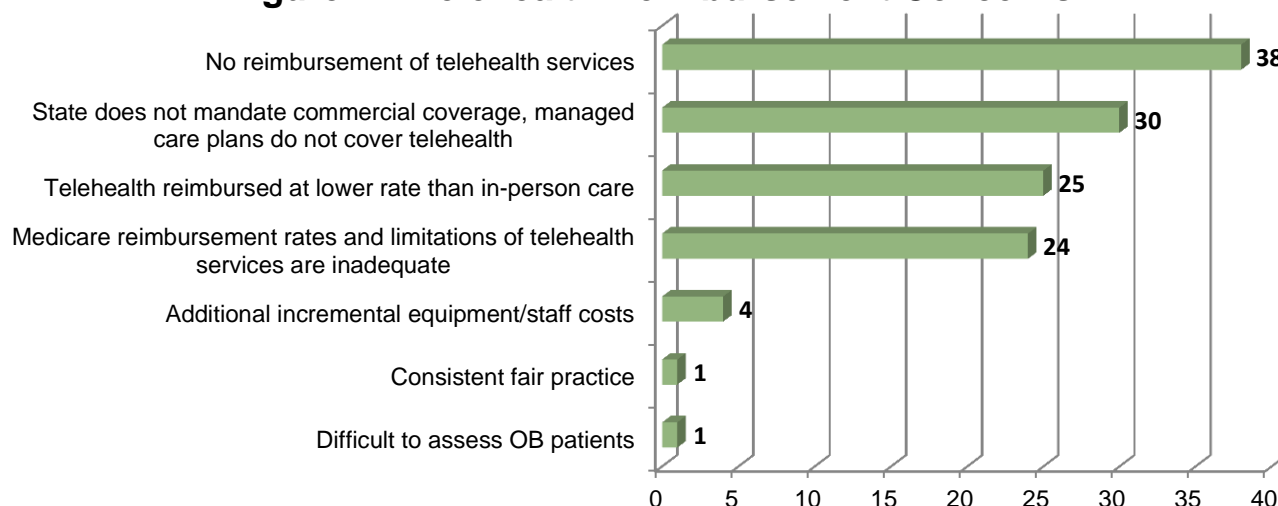
## Challenges and Barriers

Although significant progress has been made, barriers remain that prevent the widespread adoption of telehealth services. These barriers primarily include financial concerns, operational challenges, regulatory issues, and general misperceptions.

### Individual

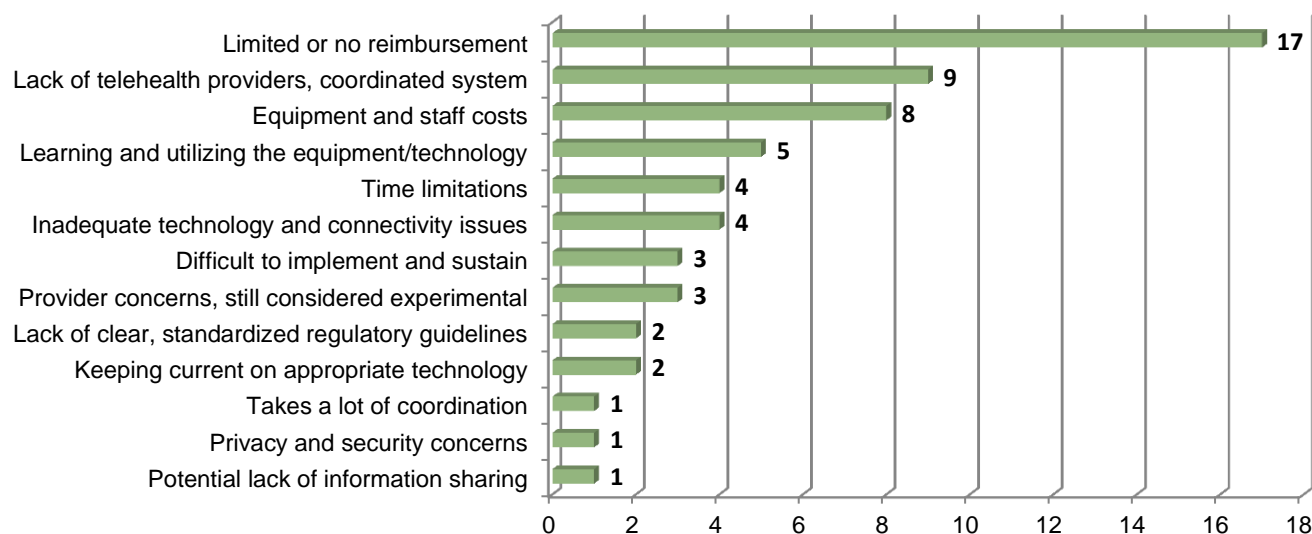
Respondents identified challenges or barriers experienced by providers, the most significant of which was reimbursement of telehealth services. The cost to implement telehealth technology, as well as the ongoing costs to maintain equipment, can be difficult for many organizations to afford. Specific concerns related to telehealth reimbursement are available in Figure 14.

**Figure 14: Telehealth Reimbursement Concerns**



Additional telehealth challenges or barriers reported by respondents included lack of telehealth providers and an organized system to facilitate collaboration, equipment and staff costs, difficulty associated with learning and utilizing new telehealth equipment and technology, time limitations, inadequate broadband infrastructure, and connectivity issues (*Figure 15*).

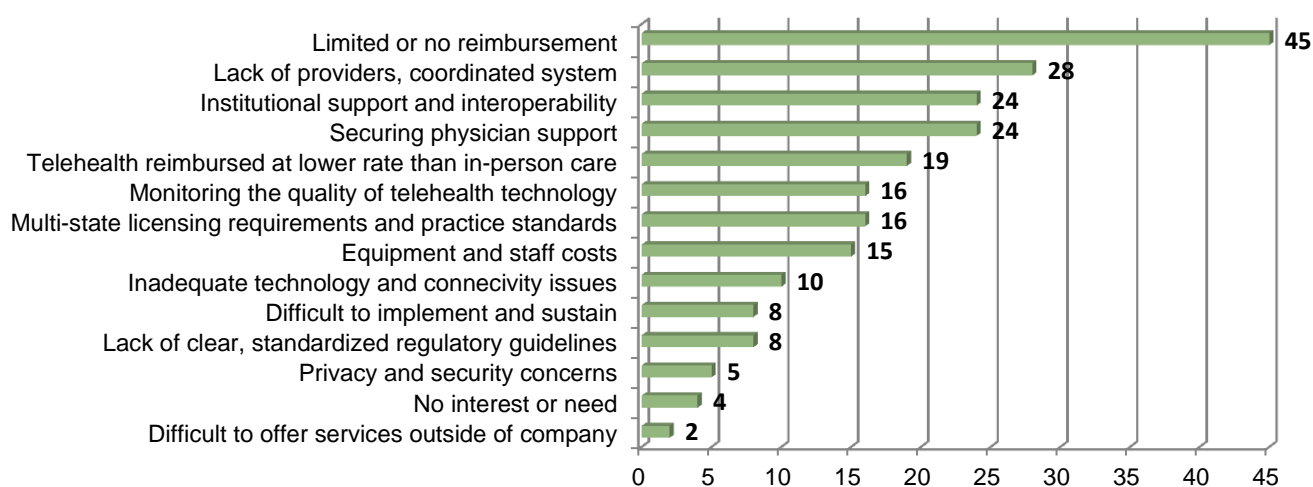
**Figure 15: Telehealth Challenges/Barriers**



## Organization

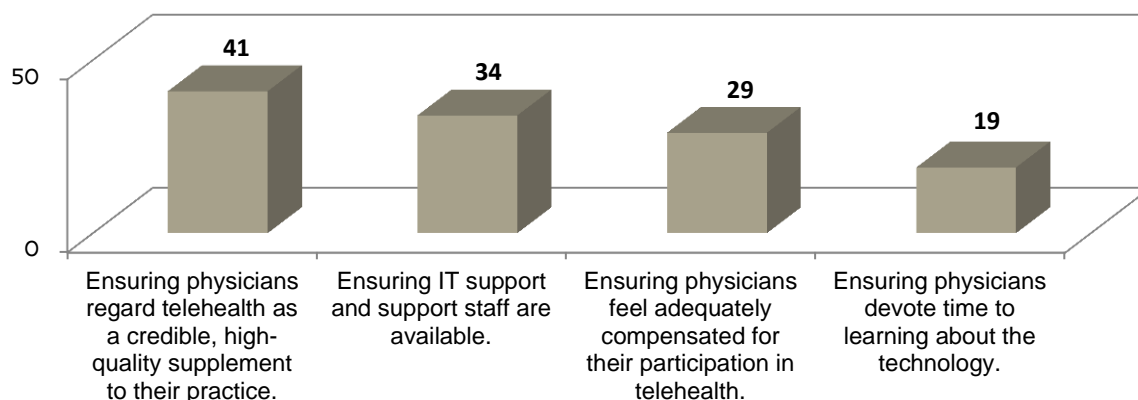
Respondents also identified challenges or barriers experienced by organizations, which echoed those of providers (*Figure 16*). Limited or no reimbursement of telehealth services was the primary challenge to implementing telehealth in organizations, followed closely by institutional and physician support, available providers, and operational challenges such as licensing requirements and technology resources. Confusion related to licensure and practice standards was a common challenge identified by respondents. Even when organizations are familiar with the licensing requirement, privileging procedures and internal policies and procedures may complicate or even prevent telehealth partnerships.

**Figure 16: Barriers to Implementing Telehealth in Organizations**



Physician support was one of the most frequently reported challenges, and is essential to the success of any telehealth program. Respondents agreed that the most significant issue to organizations regarding physicians' acceptance of telehealth was to ensure physicians regard telehealth as a credible, high-quality supplement to their practice (*Figure 17*). Ensuring organizations have fully trained IT and support staff was also a significant issue and would help to ensure physicians' have positive experiences with telehealth.

**Figure 17: Issues Significant to Organizations**



## Additional Comments/Concerns

Respondents were asked to share any additional comments or concerns. These comments were then stratified into the following categories by the survey developer.

### Quality of Care

- “It would be nice to offer this to our patients - we have patients travel from Idaho Falls, Aberdeen, Blackfoot, American Falls, Lava Hot Springs and Soda Springs/Downey/Malad to come to our free clinic. The nature of the clientele is such that even the gasoline expense is limiting for their medical visits. Between costs and winter driving conditions, it would be nice to offer a local telehealth visit, at no cost to patients.”
- “While I do not intend to provide telehealth, I am concerned that new mental health providers entering the field need to understand the appropriate use of telemental health and be prepared to provide it. They also need to be reimbursed. For example, Blue Cross will only cover telemental health when provided by an MD.”
- “Telehealth other than that delivered in the context of ongoing care by a primary care provider, is disruptive to primary care and serves to degrade the viability of primary care practices. Telehealth should only be allowed when referral is initiated by the primary care provider.”

### Reimbursement

- “Idaho is ranked 50th in the nation in psychiatrists per capita, so we have a real opportunity with Telehealth to meet a very serious need for our state. If Medicare and other payers aren't willing to cooperate, we will have a very hard time moving forward with a much needed method of delivering psychiatric care.”
- “We are a rural mental health agency and would utilize this type of care delivery if we could afford to.”
- “Telehealth has developed very slowly due to equipment costs and low (or no) reimbursement.”
- “Has great potential but telehealth gets in the way of providers typical day...takes a lot of coordination. will only be used when getting a patient to their out of town provider is a difficult proposition or when telehealth becomes second nature e.g. both providers have telehealth apps on their smart phones and its one phone call to get a consult with no middle men and both parties get paid without a hassle.”
- “I am a very, very small provider, barely surviving financially as it is. I just cannot imagine how I would add telehealth.”

### Licensing and Credentialing

- “I very much appreciate this issue being addressed. We are definitely moving into a future (if not current reality) where affiliation and choice needs to be expanded beyond physical geography. THE big issue for me at present as an LMFT is the state-bound extent of my license. Technology is second. Third is insurance reimbursement. Thanks!”

## Education and Support

- “It is very difficult for rural facilities to provide all of the complex components of healthcare when the people and resources to focus on projects such as telehealth are limited. More outreach and support from larger healthcare organizations in the state would be greatly appreciated.”
- “We would really like to be involved in learning how to implement telehealth into our patient care. There are patients who would benefit from this service when it comes to behavioral health and medication management.”
- “We have not used telehealth mainly because we have not been provided with the info on how to start the service, nor are we set up with any providers who are familiar with it. We do not know the credentials needed to provide it at this time either.”
- “Telehealth is not something we have really discussed as a group. We do not know how it would work or even what we would need to get started.”

## Other Comments

- “Telehealth is a wonderful concept and will be very useful in this state. Aside from Project ECHO, which we already use -- as telehealth "consumers" -- for a few of our patients (HIV, Hepatitis C, complicated OB), I don't know whether we will ever be in a position to be telehealth "providers" at this Community Health Center. That said, from a "consumer" standpoint, there are many opportunities for telehealth, e.g., we might congregate a handful of perplexing neurological cases to present to a neurologist at a remote site.”
- “At this point, all of our telehealth connections have been with our parent corporation, Intermountain Healthcare, which is a Utah-based system. The equipment & technology has been provided by the system. For that reason, no attempts have yet been made to establish links with out-of-system providers. That will hopefully come in the future.”
- “I would love to be a part of the decision making process regarding how Telehealth can be implemented by skilled Occupational, Physical and Speech and Language Therapists.”
- “Getting child psychiatric services.”